

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90005 008 ****50.00

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DOCUMENT # M01000001806

1. Entity Name
AYRES BARTHOLOMEW INTERIORS, LLC



Principal Place of Business Mailing Address

C/O KERWIN COMMUNICATIONS, INC. **C/O KERWIN COMMUNICATIONS, INC.**
1120 BLOOMFIELD AVENUE **1120 BLOOMFIELD AVENUE**
WEST CALDWELL NJ 07006 **WEST CALDWELL NJ 07006**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

150 Royal Poinciani Plaza Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State

Palm Beach, FL. City & State

Zip Country Zip Country

33480 *USA*

4. FEI Number ~~22-3218095~~
22-3803884 Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KERWIN, JAMES
150 POINCIANI PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS / MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KERWIN, JAMES <input type="checkbox"/> Delete 1120 BLOOMFIELD AVENUE WEST CALDWELL NJ 07006 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KERWIN, SHEILA <input type="checkbox"/> Delete 1120 BLOOMFIELD AVENUE WEST CALDWELL NJ 07006 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)